

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

550

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10499

20490-

3

4 0

5 1

6

7 0

8 2

9 1621

10

11

12 4-0

13 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED NOV 22 1963

## 1. PLACE OF DEATH

## a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Joplin

## Length of stay in 1b

40 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Freeman Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## b. COUNTY

Jasper

## c. CITY OR TOWN

Joplin

Inside Limits  
Yes ☒ No ☐

## d. STREET ADDRESS

Route #3

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

## First

Clifford

## Middle

Wendle

## Last

Sill

## 4. DATE OF DEATH

## Month

November

## Day

15

## Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-24-1912

## 9. AGE (last birthday)

51

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

Joplin, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

William Henry Sill

## 13b. MOTHER'S MAIDEN NAME

Rebecca J. Shewmaker

## 14. NAME OF HUSBAND OR WIFE

Lillian M. Sill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W W2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Mrs. Lillian M. Sill, Joplin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Right bronchogenic carcinoma

## INTERVAL BETWEEN ONSET AND DEATH

over 5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8-22-63

to 11-15-1963

and last saw him alive on 11-14-63

## Death occurred at

8:00 a.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

## 22b. ADDRESS

B.E. DeTar, Jr., M.D.

## 22c. DATE SIGNED

11-15-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11-18-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial Park

## 23d. LOCATION (City, town, or county)

Joplin,

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-18-1963

## 26. REGISTRAR'S SIGNATURE

Dove Merriam

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 27 1963

NOV 26 1963

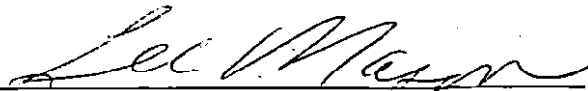
APR 14 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4568

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.